

State of South Dakota



Candidate's or Committee's Report of Receipts and Expenditures

Candidates and candidate committees: File in the office where you filed your nominating petition.
 PACs, political party, ballot question and other committees: File with Elections Department, Secretary of State's Office,
 500 E Capitol Ave., Pierre, SD 57501-5070

RECEIVED

FEB 07 2007

S.D. SEC. OF STATE

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 See pages 9 & 10 of the Guideline Book for specific instructions on completing this report.

Name of Candidate or Committee S.D. Nurses Assoc PAC

Complete Mailing Address P.O. Box 1015 Pierre, S.D. 57501

605-353-6574

Name of Person Making Report Patricia Woolridge Daytime Phone Number _____

If you are a candidate, what office are you seeking? Year End Report omit PW

If you are a ballot question committee, indicate which measure(s) the committee was involved with during the reporting period and whether the measure was supported or opposed.

Type of Report (See pages 4 & 5 of Guideline Book) Year End Report

For Reporting Period Ending (See pages 4 & 5 of Guideline Book) December 31, 2006

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The following verification must be completed before submitting report.

VERIFICATION OF PERSON MAKING REPORT

I Patricia Woolridge (print name legibly), certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Date: February 4, 2007

Patricia R Woolridge

Candidate Signature or

Signature of Committee Treasurer or Chairperson

Revised July 2001

Filed this 7th day of February 07
Chris Nelson
 SECRETARY OF STATE

^aFor the reporting period ending

Schedule A – Direct Contributions (continued)

Unitemized Contributions from Political Parties:

*\$ _____

Itemized Contributions from Political Parties

Party Name	Address	
		\$
		\$

Total of Itemized Contributions from Political Parties:

*\$ _____

Itemized Contributions from Political Action Committees (PAC's) - All contributions from PAC's must be itemized.

[illegible]**Total of Itemized Contributions from Political Action Committees:**

*\$

Total of All Direct Contributions (Sum of all lines with an *)

\$ 0

Schedule B - Fund-Raising Events Proceeds

Type or Name of Event	Net Proceeds
Total:	<u>00</u>

Nature of Non-Cash Contribution	Name, Residence Address & Place of Employment	Estimated Value
Total:		0

Source of Income	Amount
Total:	4

Schedule F - Debts and Obligations

[illegible]

Name of Candidate or Committee: S.D. Nurses Assoc PAC
 For the reporting period ending: Dec 31, 2006

Summary Page

This summary sheet will give a brief outline of all campaign finance activity during this reporting period. Please transfer all totals from the schedules previously completed.

1. Amount on hand, if any, at the beginning of the reporting period: \$ 387.86
2. Receipts

Schedule A - Direct Contributions	\$	<u> </u>
Schedule B - Fund-Raising Events	\$	<u> </u>
Schedule C - In Kind Contributions	\$	<u> </u>
Schedule D - Other Income	\$	<u> </u>
Total of all Receipts	\$	<u> 0 </u>
3. Total Monetary Receipts (A+B+D) \$ 0
4. Candidate's Personal Contribution to Own Campaign \$ 0
5. Monetary Loans to Candidate or Committee During Reporting Period \$ 0
6. Monetary Loans Repaid During Reporting Period \$ 0
7. Expenditures - Schedule E \$ 250.00
8. Unpaid Obligations - Schedule F \$
9. Amount on hand at the close of this reporting period. *
 This should equal lines (1+3+4+5) - (6+7) \$ 137.86

